									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10/05/70 9												29		
		CLAIMS		S FILED - PART I (Column 1) (Column 2)				MALL YPE	ENTITY	OR		R THAN . ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		ASIC FE	385.0	OR	BASIC FE	770.00		
TOTAL CHARGEABLE CLAIMS			,	minus 20=		*		X\$ 9=		OR	X\$18=			
IN	DEPENDENT		minus 3 =		*		X43,=		OR	X86=				
М	ULTIPLE DEPE	ENDENT CLAIM	PRESENT					+145=		1				
٠,	f the difference	L	TOTAL		OR	TOTAL	224							
CLAIMS AS AMENDED - PART II)4°	<u> </u>			THAN		
		(Column 1)		(Colum				MALL	ENTITY	OR	SMALL	ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAÍD F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-	RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	. 18	Minus	- 2	Ø	=	,	XS 9=		OR	X\$18=			
AME	Independent	. 6	Minus	2	0	=	;	X43=		OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=			
								TOTAL		OR	TOTAL ADDIT, FEE			
		(Column 1)		(Colum		(Column 3)								
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		= .	×	\$ 9=		OR	X\$18=			
	Ind pendent	NTATION OF MI	Minus	DENDENT.	21 0124	=	X	(43=		OR	X86= .			
	rino i Pricoc	MIATION OF ME	JETIPLE DE	PENDENT (LAIM		+1	145=		OR	+290=			
								TOTAL IT. FEE		OR ,	TOTAL ODIT. FEE			
		(Column 1)		(Column	12)	(Column 3)	,,,,,,							
2		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE	[RATE	ADDI- TIONAL FEE		
INICIADINICIA I	Total	*	Minus	**		=	XS	9=		OR	X\$18=			
r	Independent	*	Minus	***	1 1/2 1	=	X4	43=		OR	X86=			
1'	rino i PHESE	NTATION OF MU	LIPLE DEF	-ENDENT C	MIA		+1-	45=		OR	+290≐			
- 11 1	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								•	_ L	TOTAL DOIT, FEE			
11	the *Highest Nun	nber Previously Pai ber Previously Paid	id For IN THI	S SPACE is to	ss than	3, enter *3.*		r. FEE L the app	ropriate box					
												i		

FORM PTO-875 (Rev. 10/03)

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